

proposed measure will help begin to address this issue. The DAV and the other major veterans groups are united in our support for legislation that would guarantee an adequate level of funding for the VA medical system as the key to ensuring timely access to quality health care for our nation's veterans. The Congress and the Administration must make the commitment to provide the necessary resources to fulfill the obligation to care for America's sick and disabled veterans—now and in the future.

Thank you for your continued interest in this issue, and for sponsoring this important legislation. We greatly appreciate your efforts on behalf of our nation's sick and disabled veterans.

Sincerely,

ALAN W. BOWERS,
National Commander.

AMVETS,
Lanham, MD, February 9, 2004.

Hon. KENT CONRAD,
Hart Senate Office Building, U.S. Senate,
Washington, DC.

DEAR SENATOR CONRAD: It is our understanding that you plan to offer legislation that would help reduce the time veterans must wait for a VA doctor's appointment. AMVETS, a nationwide veterans service organization, is pleased to support your proposal.

The need for reducing the time veterans wait for medical exams is well documented. A report issued last year by the President's task force on improving veterans health care delivery said there were nearly 300,000 veterans waiting for medical services at the start of 2003.

While progress is being made to gain more timely care for veterans, the Secretary's decision to halt enrollment of certain veterans for the remainder of the year and into the next fiscal year is another clear indicator that VA cannot meet its own standard for scheduling and appointment within 30 days.

Your proposal would establish a two-year pilot program in three Veterans Integrated Service Networks—a highly rural VISN, a rural VISN, and an urban VISN—to improve access for veterans seeking care and determine how much such standards would cost in terms of resources and impact on other VA medical services.

In effect, the bill provides a valuable tool to use for reducing waiting times and responding to the healthcare needs of veterans. Moreover, it would provide vital information on the actual resource needs necessary to ensure veterans earned benefits are provided in a timely manner.

We are grateful for your leadership in proposing this legislation, and we thank you for supporting the men and women who have served America's Armed Forces.

Sincerely,

RICHARD A. JONES,
National Legislative Director.

Mr. GRAHAM. Mr. President, I rise today with my friend, Senator CONRAD, in support of legislation to ensure that the Department of Veterans Affairs meets appropriate health care access standards.

With more than 60,000 veterans nationwide still on waiting lists to see a doctor—in some cases for more than a year—we must take measures to combat this problem. Right now, at the Gainesville VA Hospital in my home State of Florida, there are 1,085 veterans that have been waiting 6 months or longer to see a primary care doctor. And at the Fort Myers Outpatient Clin-

ic, almost 600 veterans must wait at least a year to see an eye doctor. While VA has made improvements over the past year, I remain skeptical of their ability to rectify the problem. My concerns were exacerbated by a May 2003 Inspector General report which concluded that VA needed to improve their accuracy in tracking patients on waiting lists.

The legislation Senator CONRAD and I are introducing today would establish three pilot programs that seek to improve the timeliness of veterans' access to VA health care services. The programs would first require VA to meet the access standards they set for themselves at 30 days for a primary care appointment and 30 days for a specialty care appointment. If VA cannot schedule an appointment for a patient within this timeline, then they must provide for the service elsewhere, such as through contracts with local private health care facilities.

This initiative would merely put VA's already existing access standards into law, reinforcing VA's own targets and sending a message that we are willing to work with VA to help combat this problem. It has been over a year now that the Department has dealt with waiting lists and has yet to eliminate them. We cannot continue to sit back and criticize—we have provided the funding VA needs, and now we must also try to assist them in other ways.

Most importantly, the pilot program would be cost-neutral because it grants the Secretary discretion to defer from the access requirements if the cost of outside care exceeds that of VA's. Therefore, there will be no detriment to the VA system for providing timely access to needed health care services. I know my colleagues agree that our Nation's veterans deserve quality health care within a reasonable time frame, and I urge them to support this legislation.

AMENDMENTS SUBMITTED & PROPOSED

SA 2281. Mr. DEWINE submitted an amendment intended to be proposed by him to the bill S. 1072, to authorize funds for Federal-aid highways, highway safety programs, and transit programs, and for other purposes; which was ordered to lie on the table.

SA 2282. Mr. SCHUMER submitted an amendment intended to be proposed by him to the bill S. 1072, supra; which was ordered to lie on the table.

SA 2283. Mr. LAUTENBERG submitted an amendment intended to be proposed by him to the bill S. 1072, supra; which was ordered to lie on the table.

SA 2284. Mr. LAUTENBERG submitted an amendment intended to be proposed by him to the bill S. 1072, supra; which was ordered to lie on the table.

SA 2285. Mr. INHOFE proposed an amendment to the bill S. 1072, supra.

SA 2286. Mr. WARNER (for himself, Mrs. CLINTON, Mr. DEWINE, and Mrs. MURRAY) proposed an amendment to amendment SA 2285 proposed by Mr. INHOFE to the bill S. 1072, supra.

SA 2287. Mr. FEINGOLD (for himself and Mr. CORZINE) submitted an amendment intended to be proposed to amendment SA 2285 proposed by Mr. INHOFE to the bill S. 1072, supra; which was ordered to lie on the table.

SA 2288. Mr. FEINGOLD submitted an amendment intended to be proposed to amendment SA 2285 proposed by Mr. INHOFE to the bill S. 1072, supra; which was ordered to lie on the table.

SA 2289. Mr. DAYTON submitted an amendment intended to be proposed to amendment SA 2285 proposed by Mr. INHOFE to the bill S. 1072, supra; which was ordered to lie on the table.

SA 2290. Mr. LAUTENBERG submitted an amendment intended to be proposed to amendment SA 2285 proposed by Mr. INHOFE to the bill S. 1072, supra; which was ordered to lie on the table.

SA 2291. Mr. DAYTON submitted an amendment intended to be proposed to amendment SA 2285 proposed by Mr. INHOFE to the bill S. 1072, supra; which was ordered to lie on the table.

SA 2292. Ms. COLLINS submitted an amendment intended to be proposed to amendment SA 2285 proposed by Mr. INHOFE to the bill S. 1072, supra; which was ordered to lie on the table.

SA 2293. Mr. BURNS submitted an amendment intended to be proposed to amendment SA 2285 proposed by Mr. INHOFE to the bill S. 1072, supra; which was ordered to lie on the table.

SA 2294. Ms. COLLINS submitted an amendment intended to be proposed by her to the bill S. 1072, supra; which was ordered to lie on the table.

SA 2295. Mr. BURNS submitted an amendment intended to be proposed to amendment SA 2285 proposed by Mr. INHOFE to the bill S. 1072, supra; which was ordered to lie on the table.

SA 2296. Mr. FITZGERALD submitted an amendment intended to be proposed by him to the bill S. 1072, supra; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 2281. Mr. DEWINE submitted an amendment intended to be proposed by him to the bill S. 1072, to authorize funds for Federal-aid highways, highway safety programs, and transit programs, and for other purposes; which was ordered to lie on the table; as follows:

On page 756, between lines 3 and 4, insert the following:

SEC. 1409. STUDY ON INCREASED SPEED LIMITS.

(a) STUDY.—

(1) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Secretary shall conduct a study to examine the effects of increased speed limits enacted by States after 1995.

(2) REQUIREMENTS.—The study shall collect empirical data regarding—

(A) increases or decreases in driving speeds on Interstate highways since 1995;

(B) correlations between changes in driving speeds and accident, injury, and fatality rates;

(C) correlations between posted speed limits and observed driving speeds;

(D) the overall impact on motor vehicle safety resulting from the repeal of the national maximum speed limit in 1995; and

(E) such other matters as the Secretary determines to be appropriate.

(b) REPORT.—Not later than 1 year after the date of completion of the study under subsection (a), the Secretary shall submit to Congress a report that describes the results of the study.